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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF
ILLINOIS

FILED

EASTERN DIVISION

JUN - 5 2008 am

JUN 5, 2008

MICHAEL W. BOBBITT
CLERK U.S. DISTRICT COURT

IN RE LOUIS C. SHEPTIN, 1 Brookings,
MOVANT ; 82-CR-555
██████████ 07-CR-197
CB-CV-1944
08-CV-116

DIRECTED TO THE Honorable Judges Kennelly, Korczas AND
THE Most Honorable George Lindberg

May it PLEASE the Honorable Court:

EMERGENCY NOTICE

COMES NOW your Movant, LOUIS C.
SHEPTIN and respectfully shows this
Honorable Court the attached Medical Treatment
Refusal. Your Movant was continually notified
MEDICAL STAFF OF ALLERGIC REACTIONS TO MEDICATION
"LISINOPRIL", INCLUSIVE OF SEVERE PAIN IN LIMBS,
DIZZINESS, RETENTION OF URIN, SHORTNESS OF
BREATH, KIDNEY PAIN. EXHIBITS A AND E

UNFORTUNATELY MEDICAL STAFF (Dr. Wrenzy)
IGNORE THESE SYMPTOMS, AND CONTINUE TO
PRESCRIBE THIS MEDICATION! WITHOUT EXAM.

AS SHOWN ATTACHED Movant's MEDICAL/
CARDIAC CONDITION IS WORSENING. Movant's
LEGS ARE SWELLING AND Movant DOES NOW
HAVE CONGESTIVE HEART FAILURE,⁴ (SEE
ATTACHED). Movant STARTED showing symptoms
OF CHF SHORTLY AFTER ARRIVING AT MEDICAL
CENTER IN SPRINGFIELD, Movant's weight had
RISEN (APPARENTLY DUE TO WATER RETENTION).

SPRINGFIELD GAVE Movant diuretic TREATMENTS,
AND UNFORTUNATELY started Movant on LISINOPRIL
WHICH IS A TREATMENT FOR CHF, HOWEVER THE
SIDE EFFECTS WERE SO BAD, Movant was

Hospitalized. Negligently, the medication was
NOT changed. Mavant returned to MCC.
ON Monday, May 19, 2008, AND SINCE THEN
HAS NOT BEEN EXAMINED, NOR CALLED TO
THE MEDICAL DEPARTMENT, HOWEVER Mavant
VIA INSTITUTIONAL MAIL WAS CONTACTED Dr.
Harvey without response (see attached), TWICE.
BECAUSE CONGESTIVE HEART FAILURE
IS A FATAL CONDITION, IF NOT TREATED CORRECTLY
AND PROMPTLY, AND BECAUSE LISINOPRIL CAUSES
ME TO RETAIN MORE FLUIDS, I BELIEVE THE
MEDICAL DEPARTMENT IS FIGHTING WITH ^{ME} DEATH.
I REQUEST THE HONORABLE COURT TO
INTERVENE ON MY BEHALF, OR ALLOW ME TO GO
TO UIC or Northwestern IMMEDIATELY
~3~

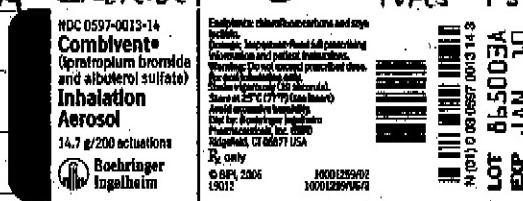
I WAS TOLD BY DR. MOHAMMED QUADRI

THAT "SOME PEOPLE CANNOT TOLERATE INHALERS,"

AND "IF YOU HAVE ANY SIDE EFFECTS, LET ME
KNOW IMMEDIATELY." I DID NOT HAVE THE
OPPORTUNITY TO TELL HIM, HOWEVER MY
CARDIAC CONDITION IS WORSENING, AND AS
EVIDENCED BY THE ATTACHED EXHIBIT

MARKED "A", I HAVE CHF, AND AS EVIDENCED

BY "B", "C" AND "D", I'VE ATTEMPTED RESOLUTION,
AND AS SHOWN BY EXHIBIT "E"- THIS IS PRACTICED.



THIS MEDICATION WAS GIVEN (W SPARESSED)

-4-

W I STOPPED THIS MEDICATION SHORTLY BEFORE
LEAVING SPRINGFIELD, BECAUSE MY CHF STARTED
GETTING WORSE AND MY LUNGS STARTED ACQUATING
FLUID IN THEM.

TO HELP COMBAT my CHF AND HELP ME
COUGH UP FLUID(S), HOWEVER I'M NOT SO
SURE THIS IS STANDARD OF CARE FOR
CONGESTIVE HEART FAILURE¹¹, AND I'M
NOT SO SURE DR. HOBSEY WAS THE COM-
PETENCE TO TREAT MY CARDIAL CONDITION.
NOT ONCE HAS HE CONSULTED WITH A
CARDIOLOGIST, NOR HAVE I SEEN ONE HERETE.
I ASK THE COURT'S INDULGENCE IN THIS
CASE AND I HUMBLY APOLOGIZE, SINCERELY
APOLOGIZE, AND RESPECTFULLY REQUEST THAT
THE HONORABLE COURT TAKE JUDICIAL NOTICE OF
THE ATTACHED DOCUMENTATION. PLEASE HELP ME.

ATTACHMENTS EXHIBITS A-E
May 31, 2008

Respectfully yours,
John Hobsey

Louis C. Shtern
71 W. Van Buren St
Chicago IL 60607

U.S. Department of Justice
Federal Bureau of Prisons

Medical Treatment Refusal
(Rechazo de Tratamiento Médico)

I, Sherry L. Cook, # QJ355-024
(Name and Registration Number) (Número y Número de Registro)

Date _____
Refuse treatment recommended by the Federal
(rechaza el tratamiento recomendado por el Personal)

Bureau of Prisons Medical staff for the following condition(s):

Médico del Bureau Federal de Prisiones, por las siguientes razones):

DESCRIBE IN LAYMAN'S TERMINOLOGY **(DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE)**

Anger w/ heart failure

The following treatment(s) was/were recommended: _____ (El siguiente tratamiento(s) fue/fueron recomendado(s))

LAS袖VII 20, W

W Thru in the ve to Lymph

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me han explicado cuidadosamente las posibles consecuencias ó complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

W loss of com plia

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias ó complicaciones enlistadas arriba, y aun así me rehuso al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respetar y seguir mis expresos deseos y direcciones.)

Jac W

5/31/08

Patient's Signature and Date

(Firma del Paciente y Fecha)

W l o u n u r
Signature of Witness and Date

5 3 1 08
(Firma del Testigo y Fecha)

R Z a b l
Signature of Witness and Date

5 3 1 08
(Firma del Testigo y Fecha)

Original - Inmate's Medical Record

Cahary - Hospital File

Pink - To Inmate

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dr NARING, CD	5/26/08
FROM:	REGISTER NO.:
SHEPPARD, LOUIS	90355024
WORK ASSIGNMENT:	UNIT:
O/H	13

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Sir: Need to Change my Rx for CROWN/R

Let's Swapping Real Bad - Retaining Fcn.

I HAVE IN THE PAST TAKEN LASIX AND DIAZEPAM

WITHOUT PROBLEMS, WILL YOU CHANGE THE SCRIP?

Sent you a request last week

(Do not write below this line)

DISPOSITION:

NO ANSWER

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



10/1
(B)

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
Dr. Harvey (Clinical Director)	5-19-07
FROM: STEPHEN, LOUIS	REGISTER NO.:
	9D3557ULY
WORK ASSIGNMENT: U/A	UNIT:
	13

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

SIR. LESS ARE SOARING. NEED ASK.

LESSONALIZZ ZONE HAVING PAINFUL RENEWAL —

DON'T WORK, SAYING WE BIG PAIN IN

KIDNEY, LESS, AND DON'T HELP. PLEASE

SEE ME.

(Do not write below this line)

DISPOSITION:

*NO
Treatment*

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



*BP-148.055
5-19-07
KPA*

~~COPY~~
MCC-CHICAGO
INMATE SICK CALL SIGN-UP FORM (Solicitud para Servicios Médicos o Dentales)

INSTRUCTIONS (Check one)/Instrucciones (Indique uno): MEDICAL _____ DENTAL _____

1. Name (Nombre): SHERTON, LOVIE Date (Fecha): 5/18/08
2. Reg Number (Número de Registro): 70355-OLY Age (Edad): 30
3. Housing Unit (Unidad de vivienda): 13 Work Place (Lugar de Trabajo): W/M
4. Complaint/Problem: Be very specific (Queja/Problema - Sea bien específico)
LISTING PROBLEM: MESIS LOS WHICH COME OUT OF SAG ARE CADING IN ME
 94-5 SINCE MAY. THIS WAS SUPPORT TO GET A WINTER FILLED
 HANG A CELESTE TELA MEXICANAS SINANT ALISTER WITH A PATIENT
 MED-- BAD INTEGRATION) NO ALLERGY TO DRUGS & PAINKILLERS
DO NOT HELP ME GET RID OF WATER
5. How long have you had this problem? (Cuánto tiempo ha tenido este problema?) SINCE 5/18/08
6. Are you taking any prescription or over the counter medications at this time? Which ones? (Está tomando medicinas actualmente, con o sin receta? Cuáles?) NO (Ninguna)
7. Are you allergic to any medications? (Es alérgico a algún medicamento?) NO (Ninguno)
8. Are you having any pain? (Está sintiendo dolor?) YES If yes, rate the pain from 0-10 8
(0= no pain, 10= worst pain ever)
(Si es sí, califíquelo de 0 (no duele) a 10 (el peor dolor que ha sentido))
9. Signature (Firma): LOVIE SHERTON

**BRING ALL YOUR PRESCRIBED & COMMISSARY MEDICATIONS TO YOUR APPOINTMENTS
 WITH YOUR PROVIDER.**

**POR FAVOR TRAIGA TODAS LAS MEDICINAS RECETADAS Y DE LA COMISARIA A SUS
 CITAS CON SU PROVEEDOR DE SERVICIOS DE SALUD.**

TO BE COMPLETED BY MEDICAL PERSONNEL

1. Date triaged: 5/18/08 Vital Signs: Pulse: 60 BP: 120
2. Subjective Information: Assess
3. Objective Information: SOB BP
5. Medical Staff Signature and Date: 5/18/08

Defendant Harvey EVEN HAD NOTICE OF
PREDICTION ON 5/27/08, DISpite HIS
FAILURE TO ANSWER B, C, D, AND E
THIS MATTER SUPERSEDES THE EXHAUSTION
REQUIREMENT - LONGEVITY/HONEST FAILURE IS
TIMELY, PROGRESSIVE AND CATAL.

ing treatment(s) was/were recommended

siguiente tratamiento(s) fue/fueron recomen

~~Supervision~~

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Patient's Signature and Date (Firma del Paciente y Fecha)

Signature of Witness and Date

(Firma del Testigo y Fecha)

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